



Idaho EMS Bureau Regional Operations

Idaho Department of Health and Welfare
590 W Washington Street – Boise ID – 83702
(208) 334-4000 – Fax (208) 334-4015 – www.idahoems.org

Fiscal Year 2007 Training Grant Application

Due June 9, 2006

I. EMS AGENCY INFORMATION

Agency Name: _____

EMS License #: _____ Federal Tax ID #: _____

Primary Training Grant Contact: _____

Grant Contact Phone #: _____ Alternate # or Email: _____

Agency Clinical Level: _____

Annual Call Volume: _____

EMS Bureau Use

II. TRAINING EQUIPMENT APPLICATION

Equipment Requested:

Priority	Description	Qty	Purpose	Base Price Each	Request \$
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Total Amount Requested (maximum \$1500): _____

Agency License #:_____

III. TRAINING COURSE APPLICATION

Requests may include up to 3 courses or 3 tuition expenses or any combination of 3 course/tuition expenses from the eligible courses listed. Prioritize your requests as 1, 2, and 3, using each number only once.

For 6 or More Students: (Amount requested cannot exceed maximum amount available.)

Type of Course Requested	Maximum Amount Available	Priority # (3 Max)	# of Students (Minimum 6)	Amount Requested
First Responder - Initial	\$1500			
First Responder - Refresher	\$ 550			
First Responder to EMT-B Bridge	\$1500			
EMT-Basic - Initial	\$2500			
EMT-Basic - Refresher	\$ 750			
Advanced EMT - Initial	\$1500			
Advanced EMT - Refresher	\$ 250			
Paramedic - Initial	\$3000			

For Less Than 6 Students: (Amount requested cannot exceed course maximums above.)

Student Tuition Expenses	Maximum Amount Available	Priority # (3 Max)	# of Students (Maximum 5)	Amount Requested
First Responder - Initial	\$250 per student			
First Responder - Refresher	\$90 per student			
First Responder to EMT-B Bridge	\$250 per student			
EMT-Basic - Initial	\$400 per student			
EMT-Basic - Refresher	\$125 per student			
Advanced EMT - Initial	\$250 per student			
Advanced EMT- Refresher	\$40 per student			
Paramedic-Initial	\$500 per student			

Total Amount Requested: _____

Agency License #: _____

IV. SIGNATURE

I hereby certify that the information contained in this application is true and correct.

Authorized Signature for Agency: _____

Name and Title Printed: _____

Date: _____

The following attachments are required for completion of the application:

Attachment Name (Place √ for applicable entries)	
<i>Request for Taxpayer Identification Number and Certification (W-9) form</i>	
Narrative of Need - Equipment	
Price Quotes – Equipment	
Narrative of Need – Training	

Applications will be eligible for consideration only if postmarked or hand delivered to the EMS Bureau Regional Office no later than the end of the business day June 9, 2006.